



## FOR CLINICIANS

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**Q: Is the clonoSEQ® Assay covered by insurance?**

**A:** Depending on the type of insurance a patient has, coverage for clonoSEQ testing may differ. Adaptive Biotechnologies (Adaptive) will bill a patient's insurance directly for clonoSEQ testing and will work with your patient's plan to obtain the appropriate level of coverage for clonoSEQ. As is the case with any diagnostic test, some patients may still have a financial responsibility for clonoSEQ beyond what is covered by insurance.

**Q: Is clonoSEQ testing covered by Medicare?**

**A:** Medicare covers clonoSEQ testing performed on blood or bone marrow samples from patients with multiple myeloma, B-cell acute lymphoblastic leukemia, or chronic lymphocytic leukemia, at multiple time points throughout a patient's treatment. CMS requires that patients complete an Advanced Beneficiary Notice for non-covered services prior to receiving testing services. You can access the full coverage policy details for clonoSEQ via the CMS website at <https://go.cms.gov/2GL4Ej5>. Please refer to [www.clonoSEQ.com/ordering](http://www.clonoSEQ.com/ordering) for more information or to download an ABN template.

**Q: What if my patient's insurance requires a prior authorization?**

**A:** Adaptive will evaluate all incoming clinical orders to assess for the need of a prior authorization. If one is needed and Adaptive can submit for one, we will do so. If the insurance company requires the referring physician's office to submit, our team will reach out to your office staff with detailed instructions on how to submit for a prior authorization.

- Adaptive works with a third party to obtain physician-initiated prior authorizations. If you are interested in signing up for this service, please call our Patient Support hotline at 855-236-9230 for more information.

**Q: Can I find out what my patients' potential out-of-pocket costs for the test will be?**

**A:** Out-of-Pocket estimates are available **prior to submission of a clonoSEQ order** by contacting our Patient Support Hotline at 1-855-236-9230. **The caller will need to have the patient's insurance information on hand.** To obtain estimates for multiple patients at one time, please send the patients' insurance via fax to 206-299-0488.

- Please note that we cannot stop testing on samples that have been received and accepted by Adaptive.

**Q: What happens if a patient's insurance limits or denies payment for clonoSEQ testing?**

**A:** In the event that coverage for clonoSEQ is limited or denied, Adaptive will appeal the claim when possible and work on behalf of the patient to seek payment for clonoSEQ testing services. Adaptive may require support from you and your office in the appeals process. We greatly appreciate your partnership in this process on behalf of your patients.

**Q: What documentation is needed from physicians and/or their offices to support clonoSEQ appeals?**

**A:** In many cases, Adaptive will have the information required to submit an appeal on behalf of a patient. Where possible, Adaptive will work to limit the effort required by you and your office to support the appeals process. However, for certain types of appeals, insurance companies may require additional information and records, including:

- A Letter of Medical Necessity (LOMN) signed by the ordering physician. If an LOMN is required, Adaptive will notify physicians via the clonoSEQ Diagnostic Ordering Portal.
- Clinic note(s) associated with a patient visit related to the clonoSEQ order.
- Medical records including clinical history, treatment plans, and notes.

If patient consent is required for an appeal, Adaptive will send a consent form along with a letter to the patient briefly explaining the need for consent and will follow up accordingly.

**Q: What if my patient received a bill for clonoSEQ testing and cannot afford the payment?**

**A:** Adaptive Assist™, our Patient Support Program, offers a variety of tools for patients who may have difficulty with their financial responsibility for clonoSEQ testing. Patients can call our Patient Support Team at 1-855-236-9230 to discuss their individual financial circumstances and the assistance options available to them if they qualify.

**Q: What are the patient eligibility criteria to qualify for financial assistance\*?**

**A:** To be eligible for financial assistance, a patient must meet **all** of the following criteria:

- Be a US citizen or legal resident age 18 years or older;
  - Pediatric patients under the age of 18 are eligible, but require a parent or legal guardian to perform the verbal attestation or sign the application form.
- Be uninsured or have insurance that does not cover the full cost of clonoSEQ® testing;
- Meet financial need requirements based on the patient's income and the number of persons in their household or demonstrate financial need based on medical expenses as a percentage of their household income, and;
- Call our Patient Support at 1-855-236-9230 and verbally attest to their household size and income and/ or their household income and medical expenses or submit a completed and signed Patient Support Program Application Form.
  - **NOTE:** patients should be prepared to provide documentation supporting financial need (e.g. tax return, W-2, pay stub) in the event that the patient is selected for the program's upfront enrollment verification process. If patient is demonstrating financial need based on medical expenses as a percentage of their household income, they should be prepared to provide records of medical bills, medications and/or test receipts for the prior 12 month period.

**Q: How does a patient apply for financial assistance for clonoSEQ testing?**

**A:** For new or existing clonoSEQ patients, applying for financial assistance is designed to be a simple and straightforward process.

1. Patients can call 1-855-236-9230 to discuss their insurance and individual financial circumstances in order to better understand their potential financial responsibility for clonoSEQ testing.
2. The patient must then complete, sign, and submit (via email, fax, or mail) an Adaptive Assist Patient Support Program application.
  - Pediatric patients under the age of 18 are eligible, but require a parent or legal guardian to perform the verbal attestation or sign the application form.
3. Our Patient Support Team will evaluate the application and notify the patient in writing of the enrollment decision and financial assistance level, if applicable.
  - If selected for the upfront enrollment verification process, a patient will be notified of the need to submit supporting documentation (e.g. tax return, W-2, pay stub and, if applicable medical bills, medication and/or test receipts) within 45 days.

The application is available for download at [www.Adaptive-Assist.com](http://www.Adaptive-Assist.com) or from your clonoSEQ Key Account Manager. If a patient has questions or would like to speak to our Patient Support Team, they can call 1-855-236-9230.

**Q: What if a patient has a question about a statement from Adaptive or an Explanation of Benefits (EOB) that they received from their insurance company for clonoSEQ testing?**

**A:** For questions about billing, payment options, insurance coverage, or assistance, patients can call the Patient Support Team at 1-855-236-9230. Representatives are available Monday through Thursday from 9AM to 7PM and Friday from 9AM to 5PM EST.

\*The Adaptive Assist Patient Support Program is subject to change at the discretion of Adaptive.

clonoSEQ is an FDA-cleared test used to detect measurable residual disease (MRD) in bone marrow from patients with multiple myeloma or B-cell acute lymphoblastic leukemia (B-ALL) and blood or bone marrow from patients with chronic lymphocytic leukemia (CLL). clonoSEQ is also available for use in other lymphoid cancers as a CLIA-validated laboratory developed test (LDT) service. For important information about the FDA-cleared uses of clonoSEQ including test limitations, please visit [clonoSEQ.com/technical-summary](http://clonoSEQ.com/technical-summary).